

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 16873-55310  
First Inventor Colin Dickens  
Title Nasal Drug Delivery  
Express Mail Label No. VIA EFS-WEB

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ **Fee Transmittal Form** (e.g., PTO/SB/17) **VIA EFS-WEB**  
(Submit an original and a duplicate for fee processing)
2. ☐ **Applicant claims small entity status.**  
See 37 CFR 1.27.
3. ☒ **Specification** [Total Pages 17]  
Both the claims and abstract must start on a new page  
(For information on the preferred arrangement, see MPEP 608.01(a))
4. ☒ **Drawing(s)** (35 U.S.C. 113) [Total Sheets 6]
5. **Oath or Declaration** [Total Sheets \_\_\_\_\_]  
a. ☐ Newly executed (original or copy)  
b. ☐ A copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
name in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☒ **Application Data Sheet.** See 37 CFR 1.76 **VIA EFS-WEB**
7. ☐ **CD-ROM or CD-R** in duplicate, large table or  
Computer Program (Appendix)  
☐ Landscape Table on CD
8. **Nucleotide and/or Amino Acid Sequence Submission**  
(if applicable, items a. - c. are required)  
a. Computer Readable Form (CRF)  
i. ☐ Computer Readable Form (CRF)  
ii. ☐ Transfer Request (37 CFR 1.821(e))  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ Paper  
c. ☐ Statements verifying identity of above copies

ADDRESS TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

## ACCOMPANYING APPLICATION PARTS

9. ☐ **Assignment Papers** (cover sheet & document(s))  
Name of Assignee \_\_\_\_\_
10. ☐ **37 CFR 3.73(b) Statement** ☐ **Power of Attorney**  
(when there is an assignee)
11. ☐ **English Translation Document** (if applicable)
12. ☒ **Information Disclosure Statement** (PTO/SB/08 or PTO-1449)  
6 Copies of foreign patent documents,  
publications, & other information
13. ☐ **Preliminary Amendment**
14. ☐ **Return Receipt Postcard** (MPEP 503)  
(Should be specifically itemized)
15. ☐ **Certified Copy of Priority Document(s)**  
(if foreign priority is claimed)
16. ☐ **Nonpublication Request** under 35 U.S.C. 122(b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or equivalent.
17. ☒ **Other:** Preliminary Amendment (7 pages);  
Int'l Search Report (5 pp); PCT Request (6 pp)

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

## 19. CORRESPONDENCE ADDRESS

☒ The address associated with Customer Number: 24728 OR ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Email Address

Signature

Date

June 13, 2006

Name  
(Print/Type)

John R. Harris

Registration No.  
(Attorney/Agent)

30,388

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.